

Application for Scholarship

1. Applicant's Full Name: _____
 LAST NAME FIRST NAME MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

COUNTRY

PHONE E-MAIL ADDRESS

3. Date to graduate from high school: _____

4. Date to enter college: _____

5. Name of college:

6. Provide any test scores, such as your official SAT, ACT, or other academic measures. (Please send us a copy of your official scores as soon as you have them.)

Test and Score

Date



7. List your extracurricular activities (include any descriptions or details as attachments):

8. What is the title of your personal essay describing why you selected Hospitality and Tourism Management as your major? (Include actual essay as an attachment, at most 2 pages, single-spaced, 12-point type; may be less, such as double-spaced, etc.)

9. I have submitted a digital photograph to be used if I am selected as a scholarship winner: Yes / No

10. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, do hereby give New York State Beer Wholesalers Association, Inc. full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by New York State Beer Wholesalers Association, Inc. in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates New York State Beer Wholesalers Association, Inc. to publish or use the above-described information.

EXECUTED this date of _____.

By: _____
(Print Name)

(Signature)

Witness: _____
(Print Name)

(Signature)

